Massachusetts American Rescue Plan Act (ARPA) Sample Spending Report for HCBS Provider Agencies

Please see below for a sample spending report. Note that this form is not due until the reporting deadline of December 31, 2022. Access to the spending report through the reporting portal will be made available prior to the deadline. Providers will be notified once made available.

Providers are required to spend all funds associated with the rate enhancements established under 101 CMR 447.00 by September 30, 2022.

SAMPLE SPENDING REPORT:

Below are links to various resources and regulation that may assist you as you fill out the attestation and spending report:

- Omnibus Rate Regulation: https://www.mass.gov/regulations/101-CMR-44700-rates-for-certain-home-and-community-based-services-related-to-section-9817-of-the-american-rescue-plan-act
- Allowable Uses Letter: https://www.mass.gov/doc/for-masshealth-providers-home-and-community-based-service-enhanced-rate-add-ons-using-american-rescue-plan-act-arpa-funding/download
- Other questions related to ARPA HCBS Funding, please email: arpamedicaidhcbs@mass.gov

Section I: Provider and Signatory Information

- Provider Information:
 - Official Business Name
 - Full Address
 - o DBA
 - o EIN
 - NPI [If applicable]
 - MH Provider ID [If applicable]
 - Vendor Code [if applicable]
- Authorized Signatory (Contact Person) Information:
 - Full Name
 - Job Title
 - Email
 - Phone
- Authorized Signatory Signature

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Section II: Spending Report and Survey

 Please enter the total number of eligible direct care or direct support workers (with eligible HCBS Direct Care and Support Staff defined in <u>Home and</u> <u>Community-Based Service Enhanced Rate Add-Ons using American Rescue</u> <u>Plan Act (ARPA) Funding)</u> paid directly by your organization

For dates of service July 1, 2021 through September 30, 2022:

- Total # (FTE + contracted) of frontline workers who provide care, services, or support to families and/or individuals in home and community-based settings
- Total expenses (\$) for Wages, Employee Fringe Benefits, & Overhead of frontline workers who provide care, services, or support to families and/or individuals in home and community-based settings
- Total hours worked by frontline workers who provide care, services, or support to families and/or individuals in home and community-based settings
- Total amount of dollars received (inclusive of enhanced rate) from the following payers for services delivered, for services eligible for the enhanced rate (enter \$0 if you did not bill an agency):
 - Department of Development Services
 - Department of Mental Health
 - o Aging Service Access Point(s) or the Executive Office of Elder Affairs
 - MassHealth fee-for-service
 - MassHealth managed care entity(ies) (ACO, MCO, PCC, One Care, PACE, SCO)
 - Massachusetts Rehabilitation Commission
 - Massachusetts Commission for the Blind
- For each service type or activity code:
 - o How did you spend the rate add-on?
 - Confirm spending categories used to distribute add-on, and for each provide the amount of funding, the number of workers, and whether there were any restrictions to add-ons for that category.

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- Bonus or add-ons for high need consumers (behavioral health, substance use, dementia)
 - Amount (\$)
 - # of workers impacted
 - Restrictions, if any
- Bonus (recruitment or retention)
 - Amount (\$)
 - # of workers impacted
 - o Restrictions, if any
- Base wage (hourly or salary but not both)
 - Amount (\$)
 - # of workers impacted
 - o Restrictions, if any
- Overtime
 - Amount (\$)
 - # of workers impacted
 - o Restrictions, if any
- Shift Differential
 - Amount (\$)
 - o # of workers impacted
 - o Restrictions, if any
 - Which specific shifts did the increase apply to?
- Wraparound benefits
 - Amount (\$)
 - o # of workers impacted
 - o Restrictions, if any
 - What type of benefits were provided?
- Other (paid trainings or other incentives to recruit/retain workers)
- Why and how were the spending categories you chose in the best interest of their workers?
- What impact did the methods you selected have on recruiting or retaining workers?
- What other information would you'd like to provide?